

WATER WELL REPORT

STATE OF WASHINGTON

Notice of Intent W156069
UNIQUE WELL ID # AGP 408
Water Right Permit No 31-2E-36D

(1) OWNER Name Fisher Const Address 288 W. Monticello Camano Is

(2) LOCATION OF WELL County Island N 1/4 NW 1/4 Sec 36 T 31 N R 2 E WM

(2a) STREET ADDRESS OF WELL (or nearest address) 2007 Lowell Point Camano Is WA 98282

TAX PARCEL NO _____

(3) PROPOSED USE ☒ Domestic ☐ Industrial ☐ Municipal
☐ Irrigation ☐ Test Well ☐ Other
☐ DeWater

(4) TYPE OF WORK Owner's number of well (if more than one) 6
☒ New Well Method
☐ Deepened ☐ Dug ☐ Bored
☐ Reconditioned ☐ Cable ☐ Driven
☐ Decommission ☒ Rotary ☐ Jetted

(5) DIMENSIONS Diameter of well 6 inches
Drilled 220 feet Depth of completed well 220 ft

(6) CONSTRUCTION DETAILS

Casing installed

☐ Welded

☒ Liner installed

☐ Threaded

Diam from 4.5 ft to 10.5 ft

Diam from 10 ft to 200 ft

Diam from _____ ft to _____ ft

Perforations

☐ Yes ☒ No

Type of perforator used _____

SIZE of perforations _____ in by _____ in

_____ perforations from _____ ft to _____ ft

Screens

☒ Yes ☐ No ☐ K Pac Location _____

Manufacturer's Name Western

Type PVC

Model No _____

Diam 4 Slot Size 15 from 200 ft to 220 ft

Diam _____ Slot Size _____ from _____ ft to _____ ft

Gravel/Filter packed ☒ Yes ☐ No ☐ Size of gravel/sand 8/12 Sand

Material placed from 170 ft to 220 ft

Surface seal

☒ Yes ☐ No

To what depth? 185 ft

Material used in seal Bentonite

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(7) PUMP Manufacturer's Name Myers 10 G.P.M.

Type Submersible

HP 1

(8) WATER LEVELS Land surface elevation above mean sea level _____ ft

Static level 190 ft below top of well Date _____

Artesian pressure _____ lbs per square inch Date _____

Artesian water is controlled by _____ (Cap valve etc)

(9) WELL TESTS Drawdown is amount water level is lowered below static level

Was a pump test made? ☐ Yes ☒ No If yes by whom? _____

Yield _____ gal/min with _____ ft drawdown after _____ hrs

Yield _____ gal/min with _____ ft drawdown after _____ hrs

Yield _____ gal/min with _____ ft drawdown after _____ hrs

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

Date of test _____

Bailer test 10 gal/min with 0 ft drawdown after 2 hrs

Airtest _____ gal/min with _____ ft drawdown after _____ hrs

Artesian flow _____ g p m Date _____

Temperature of water _____ Was a chemical analysis made? ☐ Yes ☒ No

(10) WELL LOG or DECOMMISSIONING PROCEDURE DESCRIPTION
Formation Describe by color character size of material and structure and the kind and nature of the material in each stratum penetrated with at least one entry for each change of information Indicate all water encountered

MATERIAL	FROM	TO
Top Soil	0	2
Brown till	2	60
Brown clay	60	85
Brown till	85	100
Brown clay	100	110
Brown till	110	175
Blue till	175	190
Blue clay	190	200
Sand & Gravel underwater	200	220

This well is in
compliance with
Is County code 8.09

RECEIVED

NOV 08 2002

DEPT OF ECOLOGY

Work Started 8/6/02 Completed 8/10/02

WELL CONSTRUCTION CERTIFICATION

I constructed and/or accept responsibility for construction of this well and its compliance with all Washington well construction standards Materials used and the information reported above are true to my best knowledge and belief

Type or Print Name Todd Johnson License No 2382
(Licensed Driller/Engineer)

Trainee Name _____ License No _____

Drilling Company NORTH Sound Drilling

(Signed) TJH License No 2382

(Licensed Driller/Engineer)

Address 139 Gilbertson Rd. Camano Is.

Contractors

Registration No NORTH SD 0360 Date 8/12/02

(USE ADDITIONAL SHEETS IF NECESSARY)

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